

BAKER BOTTS LLP

NOTICE OF APPEAL FROM THE EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES

Docket Number (Optional)

A33002-PCT-USA (072667.0124)



In re Application of
Freyssinet et al.

Application Number 09/486,094	Filed July 17, 2000
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For GENE CODING FOR	* see attached
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Group Art Unit 1638	Examiner Kubelik, A.
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner dated, February 11, 2003, rejecting the following claims: 7, 8, 19-35 and 39-42,*

*The Examiner has indicated in an Advisory Action dated October 20, 2003 that Claims 9, 10, and 43-62 are allowable.

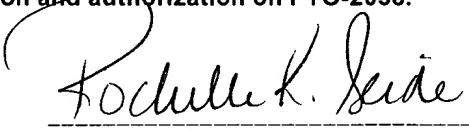
The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 320.

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 02-4377. I have enclosed a duplicate copy of this sheet.
- A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- applicant/inventor.
- assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)
- attorney or agent of record. PTO Reg No.32,300
- attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a).


Signature

Rochelle K. Seide

Typed or printed name

November 12, 2003

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- *Total of _____ forms are submitted.